

Change in PML Request Memo to Medicaid Claims Analysis Unit

MANDATORY - All requests MUST be reviewed and signed by a supervisor.

DMA 5016 MUST be attached with appropriate notice or request will be returned.

FROM: _____ IMC CONTACT #: _____
_____ DEPARTMENT OF SOCIAL SERVICES

DATE: _____

RE: BENEFICIARY NAME: _____ MID#: _____

FROM AND THRU DATES FOR PML CORRECTION: _____

PML AMOUNT NEEDED: _____ INCORRECT PML IN NCFAS: _____

FACILITY NAME: _____

PART I: Please indicate the policy reason the PML has been changed.

- ☐ Client **deceased** in month of change and the PML revised for deduction of unmet medical needs. (MA-2270, IX.C.2.a.)
- ☐ The a/b went home and must be rebudgeted the month of discharge to allow a deduction for maintenance of the home. (MA-2270, IX.C.2.a.)
- ☐ The a/b went home unexpectedly within six months of admission and must be rebudgeted for prior months as well as month of discharge. (MA-2270, IX.C.2.a., and V.D.3.)

NOTE: If the PML must be "split" between two or more facilities, but the total amount has not changed, DMA does not need to be notified. Refer to MA-2270, IX.D. for procedures to split a liability.

PART II: Approval to Correct an Understated/Overstated PML, per the following policy guidelines in MA-2270, V.C.10.c. which state:

c. If the county causes an error, delay, or fails to complete change within 30 days and it results in:

(1) An understated PML (PML should have been higher) -- Do not increase PML for past months. Document in the record the reason for the error and take no further action.

(2) An overstated PML (PML should have been lower) -- Do not decrease PML for past months:

(a) If the beneficiary was able to pay the overstated PML, deduct as an unmet medical need the difference owed back to the beneficiary from a future month(s) liability; **OR**

(b) If the beneficiary was unable to pay the overstated PML and the outstanding balance owed to the nursing facility cannot be cleared out by adjusting PML for two months, request prior approval through Medicaid Claims Analysis Unit to change the overstated PML(s) using DMA-5164. Any adjustment amount may be charged to the county.

Be specific, describe the reason for the necessary change and attach documentation including DMA5016 and the appropriate notice: _____

Reviewed by Supervisor (print name): _____

Supervisor Signature: _____ Date: _____